



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108 -4619

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GOVERNOR

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COMMISSIONER

**Application for Full Certification  
Early Intervention Specialist**

Name (as it will appear on certificate) \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_  
Work Address \_\_\_\_\_ Phone \_\_\_\_\_

Discipline \_\_\_\_\_

Present Early Intervention Program \_\_\_\_\_

***Education and Training***

List below all education and training relevant to applying for certification as an Early Intervention Specialist.

**University/College Education**

<u>Academic Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Years Attended</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Internship/Practicum Experience**

<u>Practicum Site</u>	<u>Affiliated Institution</u>	<u>Attended</u>	<u>week</u>	<u>Hours</u>

**Early Intervention Experience**

<u>Name of EI Program</u>	<u>Position Held</u>	<u>Dates Employed</u>	<u>Hours/week</u>	<u>Total Hours</u>

**Related Experience**

<u>Name of Employer</u>	<u>Position Held</u>	<u>Hours/Week</u>	<u>Dates Employed</u>

**Other Experience (i.e., research, presentation, parenting a child with special needs, etc. Please describe)**


Return completed application to:  
Susan Breen  
Assistant Certification Coordinator  
MA Department of Public Health  
250 Washington Street, 5<sup>th</sup> Floor  
Boston, MA 02108